MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06268

Reg. Dist. No. 2F2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oraville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Egon; (Middle) -; (Last) Bohle

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-30-1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Federick Bohle

14. MOTHER'S MAIDEN NAME: Margaret Gohres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Anna B. Bohle - Oraville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 7d.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932 (b) Arteriosclerotic cardiovascular disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15th June, 1951, to 16 June, 1951, that I last saw the deceased alive on 15th June, 1951, and that death occurred at 2:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Gunther, MD ADDRESS Mechanicsville, Md DATE SIGNED 6/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-19-51 | NAME OF CEMETERY OR CREMATORY: St. Joseph Cem. | LOCATION (City, town, or county): Morganza, Md. (State)

DATE REC'D BY LOCAL REG. 6/18/51 | REGISTRAR'S SIGNATURE: Canalier | 24. FUNERAL DIRECTOR: P.B. Robinson ADDRESS: Leonardtown, Md

100102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06269

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden; MARYLAND; LENGTH OF STAY (in this place) 48 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) C (Last) Coad

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec 24-1867

9. AGE last birthday: 83 yrs. If under 1 year: Months 5, Days 11, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Marquette Mich

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Carter

14. MOTHER'S MAIDEN NAME: Clara Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: J. Allen Coad

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s) 490X 108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Lobar Pneumonia

(c) Generalized Arterio-Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1957, 19..., to 6/3, 1957, that I last saw the deceased alive on 6/2, 1957, and that death occurred at 12:34 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul A. Cornelius M.D. Leonardtown 2nd 6/3/57

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | June 5-1957 | Woodlawn Cemetery | New York City

DATE REC'D BY LOCAL REG. 6/3/57 | REGISTRAR'S SIGNATURE Cornelius | 24. FUNERAL DIRECTOR ADDRESS

Jos. S. Mattingley Leonardtown Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06270

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardstown; MARYLAND; LENGTH OF STAY (in this place) 29 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway (Rural); STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Lena (Last) Dement

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 16-1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper for self

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Roland Russell

14. MOTHER'S MAIDEN NAME: Anna Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jennie Dement

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	2 days
Antecedent cause(s)	(b) Chronic myocarditis	5 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

422.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerosis — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1950, to 6-5-, 1951, that I last saw the deceased alive on ....., 1951, and that death occurred at 7.00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Beany M.D. ADDRESS Great Mills Md. DATE SIGNED 6/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE June 8-1951

NAME OF CEMETERY OR CREMATORY Holy Face Cemetery

LOCATION (City, town, or county) Great Mills (State) Maryland

DATE REC'D BY LOCAL REG. 6-6-51

REGISTRAR'S SIGNATURE P.J. Beany M.D.

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH

06271

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY St. Mary's; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Park Hall; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) (Last) Dore

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: June 21, 1951

9. AGE last birthday: — yrs. If under 1 year: Months —; Days 1; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Dore

14. MOTHER'S MAIDEN NAME: Lottie Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Lottie Courtney Park Hall Dore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital heart disease; patent foramen ovale — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 754.3 (c) 157.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1951, to June 22, 1951, that I last saw the deceased alive on 6-22-51, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Beany M.D. — ADDRESS Great Mills Md — DATE SIGNED 6-23-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-23-51	Zion Fare	Hermanville Md.

DATE REC'D BY LOCAL REG. 6-23-51 — REGISTRAR'S SIGNATURE P J Beany M.D. — 24. FUNERAL DIRECTOR ADDRESS C Courtney Hermanville Md.

VS-A15

20621 / 248322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06272

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton — LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural give location) Rural # 2

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Columbus (Last) Freeman
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: July 4 1859
9. AGE last birthday: 91 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Contract
b. KIND OF BUSINESS OR INDUSTRY: 275-18-5297
11. BIRTHPLACE (State or foreign country): Waco Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Freeman
14. MOTHER'S MAIDEN NAME: Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs William C. Freeman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocardial Failure — Sudden

420.0 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1946, to 6/3, 1951, that I last saw the deceased alive on 5/16, 1951, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Robert V. Fuchs, M.D. — Leonardtown, Md. — 6/4/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 6-1951 | NAME OF CEMETERY OR CREMATORY St Paul's Cemetery | LOCATION (City, town, or county) (State) Leonardtown Md

DATE REC'D BY LOCAL REG. 6/6/51 | REGISTRAR'S SIGNATURE Canalen

24. FUNERAL DIRECTOR Joe C. Mattingly — ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06274

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: Q. Anne's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kennedyville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Q. Anne's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Q. Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ballingers
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Infant		Goodwin	June	14	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		June 14/57	yrs.			1	10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Goodwin	Elizabeth Ayres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Thos. Goodwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aelectasis - Pneumonia

760.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity 5½ mos

159 (c) Breech (partially born before reaching hospital)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/4/57, 19..., to 6/14/57, 19..., that I last saw the deceased alive on 6/13/57, 19..., and that death occurred at 6:35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank A. Venables	MD	Kennedyville Md	6/14/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/15/57	St. Andrews	Kennedyville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/14/57	[illegible]	J. C. Heaney	Kennedyville Md

20614132520 0

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06275

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Louis (Last) Jones

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1951

5. SEX: male

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: ? 1881

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm-Labor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Jones

14. MOTHER'S MAIDEN NAME: Emma Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Charles Jones - Oakville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	?
	(c)	

002K

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1951, to June 9, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE Roy Gruther (Degree or title) M.D. ADDRESS Mechanicsville Md DATE SIGNED 6/11/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-13-51	Gallilee Cemetery	Oakville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/12/51	Caudle	P.B. Robinson - Leonardtown	

820105 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06276

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St, Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NAS, PAX. RIV., MD.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY USNAS, PAX. RIV., MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh
STREET ADDRESS (If rural, give location) Box 211, Fox Chapel Rd. ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Shaw (Last) KIELTY
4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-30-29
9. AGE last birthday: 21 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Kielty
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1948-51
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

935.8 Immediate cause (a) Electric Shock #8708 (Struck by Lightening) — Interval Between Onset and Death: None

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
192 (b) Killed Instantly
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: USNAS, PAX.RIV., MD.
(CITY OR TOWN) (COUNTY) (STATE): USNAS, Patuxent River, Maryland.
TIME OF INJURY (Month) (Day) (Year) (Hour): 6/29/51 11:51 a m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Recreation

22. I hereby certify that ~~I attended the deceased from ..... to ..... that I last saw the deceased alive on ..... and that death occurred at~~ 11:51 a m., from the causes and on the date stated above.

SIGNATURE: S.D. Peterson
(Degree or title) S.D. PETERSON, LTJG MC USNR
ADDRESS
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): TRANSPORTATION
DATE THEREOF: 7-2-51
NAME OF CEMETERY OR CREMATORY: —
LOCATION (City, town, or county) (State): Sharpsburg, Penn.

DATE REC'D BY LOCAL REG. 7/1/51
REGISTRAR'S SIGNATURE: Camalier
24. FUNERAL DIRECTOR: A.E. Robinson
ADDRESS: Leonardtown, Md.

673916.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06277

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lexington Park, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachussetts COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bedford
STREET ADDRESS (If rural, give location) 21 Holton St.

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) William (Last) McKenna

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/7/31

9. AGE last birthday: 20 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.NAVY

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Massachussetts

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank McKenna

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 1948-1951

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: U.S.Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning #8706 — Interval Between Onset and Death: Immediate

429.9

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE (Home, farm, factory, street, office building, etc.) OF INJURY USNAS Pax Riv

(CITY OR TOWN) U.S.NAS Patuxent River, (COUNTY) Maryland (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 6/21/51 2120 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Recreation

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2120 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S.J.Peterson
S.J.PETERSON LTJG MC USNR

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): TRANSPORTATION

DATE THEREOF: 6-23-51

NAME OF CEMETERY OR CREMATORY: —

LOCATION (City, town, or county) (State): Cambridge, Mass.

DATE REC'D BY LOCAL REG. 6/23/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: P.B.Robinson - Leonardtown, Md.

ADDRESS

673916

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06278

Reg. Dist. No. 282

1. PLACE OF DEATH
COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
LENGTH OF STAY (in this place) 1 da 7hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Penna — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hatboro
STREET ADDRESS (If rural, give location) 23 Osage Ave, Lacy Park

3. NAME OF DECEASED (Type or Print): (First) Leroy (Middle) Raymond (Last) MC LAUGHLIN

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-19-15

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service Employee

10b. KIND OF BUSINESS OR INDUSTRY: Electrician- Nax

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eli MC LAUGHLIN

14. MOTHER'S MAIDEN NAME: Mildred WELLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.3 195e

Immediate cause (a) Wound, penetrating, lower left abdomen and left lumbar region — Interval between onset and death: 31 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): At Work (NAS) — (CITY OR TOWN) USNAS Patuxent River, Md. — (COUNTY) St.Mary's — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): June 14 1951 1230p

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Rocket blast

22. I hereby certify that I attended the deceased from 6-14-51, 19....., to 6-15-51, 19....., that I last saw the deceased alive on 6-15, 19 51, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. CALLIS LTJG MC USN USNAS Patuxent River, Maryland 6-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF 6-16-51 — NAME OF CEMETERY OR CREMATORY Hatboro Cemetery — LOCATION (City, town, or county) Hatboro (State) Penna.

DATE REC'D BY LOCAL REG. 6-16-51 — REGISTRAR'S SIGNATURE Pomalier

24. FUNERAL DIRECTOR — ADDRESS H B Robinson - Leonardtown

693 916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 7

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06279

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13A

1. PLACE OF DEATH
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Great Mills
LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Iris (Middle) Francis (Last) Neal

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-24-1906

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jessie Belt

14. MOTHER'S MAIDEN NAME: Mary L. Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Jack A. Neal.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon monoxide poisoning — Interval between onset and death: instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

9160 / 180

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2°, 3° burns of entire body

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Trailer — (CITY OR TOWN) Great Mills, (COUNTY) St. Mary's, (STATE) Md

TIME OF INJURY (Month) 6 (Day) 4 (Year) 51 (Hour) 12:45 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Trailer burned with deceased inside

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Lexington Park, Md. DATE SIGNED: 6/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-7-51 — NAME OF CEMETERY OR CREMATORY: Holy Face Cemetery — LOCATION (City, town, or county) (State): Great Mills, Md.

DATE REC'D BY LOCAL REG.: 6/6/51 — REGISTRAR'S SIGNATURE: Canalier

24. FUNERAL DIRECTOR: A.B. Robinson — ADDRESS: Leonardtown, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06280

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mary Land COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WYNNE,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) C. (Last) Scheible

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1951

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 4-7-1885 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Sea Food
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gottlieb Scheible
14. MOTHER'S MAIDEN NAME: Almendinger - Christina.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-07-7467 A.
17. INFORMANT AND ADDRESS: Andrew Scheible - Wynne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Amputated Vate. — 8 mos.

155X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46f (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Portal Obstruction

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to June 27, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 11.05 P.M.; from the causes and on the date stated above.

SIGNATURE Wm H Patrick M.D. (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 6-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-30-51 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem. | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 6/30/51 | REGISTRAR'S SIGNATURE: Cancelled | 24. FUNERAL DIRECTOR: P.B. Robinson | ADDRESS: Leonardtown, Md.

91026

Cause of death Film G133 7-9-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

06281

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) VINCENT (Last) Thomas

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1951

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE | 8. DATE OF BIRTH: 12-13-1921 | 9. AGE last birthday: 29 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER | 10b. KIND OF BUSINESS OR INDUSTRY: Railway Express | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James L. Thomas | 14. MOTHER'S MAIDEN NAME: Effie E. Hancock.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No. | 16. SOCIAL SECURITY NO.: 577-22-7129 | 17. INFORMANT: Effie E. Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhagic broncho pneumonia (7-9-51 - ams) — INTERVAL BETWEEN ONSET AND DEATH

491 X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: none | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: none | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD ADDRESS Leonardtown Md. DATE SIGNED 6/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-26-51 | NAME OF CEMETERY OR CREMATORY: St. Joseph | LOCATION (City, town, or county) (State): Morganza, Md.

DATE REC'D BY LOCAL REG. 6/25/51 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR: P. B. Robinson - Leonardtown Md. | ADDRESS

683568

MARYLAND STATE DEPARTMENT OF HEALTH

06282

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, California
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, California
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 4-51

9. AGE last birthday: yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours 12, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Harris

14. MOTHER'S MAIDEN NAME: Margaret Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Margaret Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause (a) Congenital heart defect (Blue Baby) — Interval Between Onset and Death: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

157.2 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1951, to June 4, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P.G. Beary M.D. Great Mills, Md. 6/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: June 5-51 — NAME OF CEMETERY OR CREMATORY: Holy Face Cemetery — LOCATION (City, town, or county) (State): Great Mills Md.

DATE REC'D BY LOCAL REG.: June 5-51 — REGISTRAR'S SIGNATURE: P.G. Beary, M.D.

24. FUNERAL DIRECTOR — ADDRESS: George Thompson California, Md.

166041171454

Cause of death Film G133 6/26/51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06283

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH
COUNTY: St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chaptico
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chaptico
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Aloysius (Middle) C (Last) Welch

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Married	Aug. 23-1904	46 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
medical doctor	Medicine	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Aloysius Welch	Rose A. Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Christine Welch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute paraldehyde poisoning, accident

874.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

179 0 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Chaptico, Md.		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
6/13/51 5 A.m.		Ingestion of paraldehyde poisoning.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

(6-20-51 - ams)

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stanley H. Dunlachen	M.D.	700 Fleet St. Baltimore, Md.	June 13, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-16-51	St. Joseph Cemetery	Morganza, Md.

DATE REC'D. BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/14/51	[illegible]	L.B. Johnson - Leonardtown	

075-868

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06284

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Daniel	Woodburn	6 -	4 -	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed.	10-4-1864	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer.	Farm	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Woodburn	Jane Guy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Albert L. Woodburn - Hamerton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-renal Vascular disease — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) 442K
(c) 131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic osteomyelitis right femur (non-union)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 1951, to June 4, 1951, that I last saw the deceased alive on May 3, 1951, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Aloysius O. Welch	M.D.	Chaptico, Maryland	6/4/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-6-51	St. Joseph	Morganza, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/5/51	Cancelled	C.B. Robinson	Leonardtown, Md.

100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06285

Reg. Dist. No. 262

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY St.Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lexington Park, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 miles north on rt.235

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 546 Davis Ave.,

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) Jerome (Last) YANECEK

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: Caucasian | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 3-7-26 | 9. AGE last birthday: 25 yrs. | If under 1 year: Months 3, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy | 11. BIRTHPLACE (State or foreign country): Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stanley G. YANECEK | 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service) W.W. 2 | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: U.S. Navy records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) INJURIES, MULTIPLE, EXTREME — Immediate

825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 170 c (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 25 miles north of Lexington Park, Maryland | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) June (Day) 10 (Year) 1951 (Hour) 1:45 A.m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 0.245 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) A.R. ERRION CDR MC USN ADDRESS Infirmary, USNAS, Patuxent River, Maryland DATE SIGNED 6-10-51

23. BURIAL, CREMATION REMOVAL (Specify) TRANSPORTATION | DATE THEREOF 6-11-51 | NAME OF CEMETERY OR CREMATORY — | LOCATION (City, town, or county) HAZLETON, Pa. (State)

DATE REC'D BY LOCAL REG. 6/11/51 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR [signature] ADDRESS C.B. Robinson - Lionardtown, Md.

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